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AUTHOR Hoffnug, Robert J.; And Others
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ABSTRACT

Previous research on training for community psychology has failed to distinguish between the effects of different types of training programs or to address the viability of master's level training in community psychology. To explore the value of master's level training in non-clinical community psychology, 83 of 112 students who earned master's degrees from the University of New Haven between 1973 and 1982 completed mailed surveys (a 74% response). The respondents were asked to estimate on a five-point Likert scale the extent to which the graduate program, their work settings, and their professional interests, at three points in time (prior to the master's program, at graduation, currently) emphasized various dimensions of community psychology. The dimensions rated were traditional clinical practice; community mental health; community, individual, group, and organizational intervention; research; and theoretical approaches. Analysis of results showed that respondents' work settings emphasized traditional clinical practice and individual intervention more than their master's program, and placed less emphasis than their master's program on community mental health, organizational and community intervention, research, and theory. Interest in community mental health, research, and community, organizational, and group intervention had increased by graduation; between graduation and the present there was a significant increase in research interest. Respondents also indicated a need for additional training in direct service skills such as testing, family therapy, crisis intervention, and substance abuse counseling. The findings indicate that master's level, non-clinical training was successful for the majority of graduates. (MCF)

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Training Non-Clinical

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at the Master's Level: A Case Study of Outcomes
Robert J. Hoffnung, Michael Morris, and Steve Jex
University of New Haven

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Training Non-Clinical Community Psychologists
at the Master's Level: A Case Study of Outcomes

Almost twenty years after the Swampscott Conference (Bennett et al., 1966), community psychologists continue to debate their identity and to develop models which attempt to delineate the goals and unique characteristics of their field (e.g., Goodstein & Sandler, 1978; Heller, Price, Reinhartz, Riger, & Wandersman, 1984; Iscoe, Bloom, & Spielberger, 1977; Lorion & Stenmark, in press; Moitoza & Hersch, 1981; Myers, 1977; Newbrough, 1984; Rappaport, 1981; Silverman, 1978; Stenmark, 1981). As part of this effort, a growing number of studies have focused on what community psychologists actually do, what skills they possess, and what competencies they believe are essential to the field (e.g., Andrulis, Barton, & Aponte, 1978; Bachman, Smith, & Jason, 1981; Skotko, 1980; Walfish, Polifka, & Stenmark, in press).

These investigations have great value, but are limited by the fact that they frequently fail to distinguish between the graduates of different types of training programs (Iscoe, 1977). Graduates of community, community-clinical, clinical-community, and occasionally even traditional clinical programs are grouped together for analysis. Indeed, this approach can make it impossible to distinguish respondents who have actually been trained as community psychologists from those who have come to identify themselves with

the field through other avenues. Thus, it is likely that much of what is known about community psychologists has been learned from individuals who have had little or no formal training in the field.

A similar problem is encountered when one examines research relevant to discussions of the viability of master's-level training in community psychology. The M.A. versus Ph.D. debate is particularly important in this context, given community psychology's search for innovative models for training and delivering direct and indirect services. Barton, Andrulis, Grove, and Aponte (1976) obtained data from over 200 M.A. and Ph.D. programs offering community psychology training in 1974. Although a number of significant program trends are reported, both program type (community, community-clinical, etc.) and program level (M.A., Ph.D.) are confounded in the analyses, precluding conclusions about either variable. M.A. programs were also included in Meyer and Gerrard's (1977) survey of graduate training in community psychology, but the reported results do not distinguish between program types or explore employment outcomes, competencies, or professional roles. Newbrough (1978) and Rivera-Medina, Cintrón, and Bauermeister (1978) describe several master's programs, also without outcome data. Walfish, Polifka, and Stenmark (in press) surveyed graduates of a wide range of community psychology training programs at the M.A. and

Ph.D. levels to assess self-reported competency in community psychology skills upon graduation. Although results are presented separately for M.A. and Ph.D. graduates, the different types of programs these graduates represent are not examined.

An investigation by Paelet (1978) is probably the best example to date of an attempt to examine the career outcomes of M.A. graduates exposed to a clearly specified training model in community psychology. In his study of the graduates of one master's-level program in non-clinical community psychology, the issues addressed include the relationship of pre-program employment history to the type and level of post-program employment.

The present study is a substantial extension and elaboration of the basic approach used by Paelet. Our goal is to explore the viability of master's-level training in non-clinical community psychology by examining the experiences and perceptions of the graduates of one such program. The program in question emphasizes training in prevention, systems-level change, consultation, and evaluation research. Thus, it is precisely the type of program that needs to be studied if we are to adequately judge whether the free-standing community model which emerged from the Swampscott Conference can be successfully applied to training middle-level psychologists.

Consistent with this aim we address the following questions:

How do graduates see their professional interests relevant to community psychology having developed and changed over time? How congruent are these interests with graduates' views of the master's program, their work settings, and their actual and desired job responsibilities? What changes in training do graduates recommend in order to make the program more relevant to their job experiences? Finally, what is the relationship of these and other factors to the internalization of "community psychologist" as a professional identity among graduates?

Method

The subjects were 83 graduates of the master's program in community psychology at the University of New Haven. (For a description of the program see "M.S. program," 1982.) These individuals returned a survey which we mailed in February, 1983 to the 112 persons who had graduated between 1973, when the program began, and 1982. A response rate of 74% was thus obtained.

The survey asked respondents to estimate on a five-point Likert scale the extent to which the master's program, their current work settings, and their professional interests (at three points in time) emphasized eight dimensions relevant to community psychology: traditional clinical practice, community mental health, individual intervention, group intervention, organizational intervention, community intervention, research, and theoretical approaches.

Other areas addressed in the survey included actual and preferred percentages of time spent in various job activities, degree of identification with the field of community psychology, job satisfaction, relevance of skill-oriented courses to job responsibilities, and perceived skill deficiencies and program weaknesses.

Results

At the time of the survey 90% of the 83 respondents were employed, 11% were full- or part-time students, and 6% were unemployed. Of those employed, 75% were working in the human services. Prior human-services experience was significantly related to post-program employment in the field: 82% of those with human-services jobs at program entry were currently employed in human services; the corresponding figure for non-human-services entrants was 59% ($z = 3.89$, $p < .01$). In keeping with the major focus of this study, the following results are all based on the subsample currently employed in the human services ($n = 56$).

These graduates were employed in a wide variety of municipal, state, and private nonprofit settings, occupying positions in such areas as mental health, retardation, health care, youth services, and criminal justice. An indirect-service job title such as "administrator," "coordinator," "director," or "supervisor" characterized 47% of these respondents. In contrast, only 9% of the titles contained the term "psychologist."

The median salary for respondents was \$19,642. Job satisfaction was generally high, with 94% of the respondents being at least moderately satisfied with their current position ($\bar{M} = 4.07$, where 1 = not at all satisfied, 5 = very satisfied. Of those who sought new positions immediately after graduating from the program ($n = 44$), nearly two-thirds (64%) reported little or no difficulty in obtaining employment ($\bar{M} = 2.18$, where 1 = not at all difficult, 5 = impossible).

The mean percentages of work time which respondents devoted to various activities, as well as the percentages of time they wished to devote to those activities, are presented in Table 1. Although direct service provision and administration accounted for most of

Insert Table 1 about here

the respondents' time (63%), indirect service activities in planning/development, organizing/education, research, and consultation combined to form a substantial time commitment (30%). Moreover, respondents wanted to increase the amount of time they devoted to consultation, research, and organizing/education, and decrease the amount they devoted to administration.

The work settings in which these activities occurred were viewed by respondents as placing greater emphasis on traditional clinical practice and individual intervention than the master's program in which they had been trained (Table 2). Conversely, these settings were seen as emphasizing community mental health,

organizational intervention, community intervention, research, and theoretical approaches significantly less than the M.A. program.

Insert Table 2 about here

Respondents were asked to rate their professional/occupational interests at three points in time: prior to entering the M.A. program, upon graduation from the program, and currently. Mean ratings of these interests indicate that interest in community mental health, research, and intervention at group, organizational, and

Insert Table 3 about here

community levels all increased significantly between program entrance and graduation (Table 3). The only significant change that occurred between graduation and the present was a further increase in research interest. Finally, analysis of overall changes from program entrance to the present revealed significant increases in interest in all of the above areas, as well as a significant decrease in interest in traditional clinical practice.

At program entrance, interest in both individual intervention and traditional clinical practice significantly exceeded interest

in any of the other areas (Table 3). By the time of the survey, this was no longer the case. Although interest in individual intervention remained high, it did not differ significantly from interest in group intervention, community mental health, or community intervention. On the other hand, interest in traditional clinical practice had declined to the point where there was significantly less interest in it than in individual intervention. No significant differences in interest remained between traditional clinical practice and any of the other areas.

Over half (57%) of the respondents felt that "community psychologist" was at least a moderately important part of their professional identity ($\bar{M} = 2.77$, where 1 = not at all important, 5 = very important). Viewing oneself as a community psychologist was positively correlated ($p < .05$) with the actual and preferred percentages of work time devoted to community organizing and education ($r = .30$, actual; $r = .26$, preferred) and the preferred percentages of time devoted to organizational consultation ($r = .27$) and research ($r = .26$). Identification as a community psychologist was also positively associated ($p < .05$) with working in settings which emphasized community mental health ($r = .43$), organizational intervention ($r = .37$), community intervention ($r = .47$), research ($r = .23$), and theoretical approaches ($r = .23$).

Finally, in response to several open-ended questions, graduates indicated that it would have been helpful if they had received additional training in the master's program in a number of skill areas. The most frequently mentioned direct-service skills were psychological testing and assessment, family therapy, crisis intervention, and substance abuse counselling. Where indirect-service skills were concerned, attention focused upon grant writing, management, fiscal planning, and research.

Discussion

The results suggest that for the program studied, non-clinical training in community psychology at the master's level is associated with successful outcomes for the majority of graduates. These individuals obtained human service positions offering reasonable salaries, moderate to high levels of job satisfaction, and the opportunity to devote a significant portion (though usually not a majority) of their time to indirect service activities. These findings compare favorably with those reported by Erdwins and Buffardi (1983) for MA graduates in clinical and industrial/experimental psychology with regard to percentages employed/unemployed, salary, and job satisfaction. In view of the fact that community psychology possesses neither the professional prestige of clinical psychology nor the attractiveness to business employers associated with industrial psychology, the achievements of these community

psychologists are noteworthy. Moreover, the percentages of time which these master's-level practitioners devote to various job activities roughly parallel the percentages reported by doctoral-level community psychologists for similar activities (Skotko, 1980).

On the basis of their findings Erdwins and Buffardi (1983) conclude that master's-level training in clinical and industrial/experimental psychology is viable. The results of the present study lead us to a similar conclusion with respect to master's-level training in non-clinical community psychology. This viability derives in part from the effectiveness of the training program in socializing students as community psychologists. Graduates perceive their interests as having changed in directions that are congruent with the training goals and curriculum of the program.¹ They report greater interest in indirect service and less interest in traditional direct service than when they entered the program. These changes appear to be largely due to the impact of the program rather than to the respondents' post-graduate experiences, given that the latter typically involve a significantly greater emphasis on clinical, direct-service activities than the former.

In fact, the non-clinical, indirect-service orientation of the master's program seems at odds with many of the settings which employ graduates and shape their professional activities. The findings suggest that many graduates are in a somewhat uncomfortable position, being less community oriented than their training setting

but more community oriented than their work settings. Overall, graduates desire greater involvement in indirect-service activities than their positions allow. Moreover, working in settings which lack a community/organizational orientation does not appear to be conducive to viewing oneself as a community psychologist.

The role conflicts and dissatisfactions associated with working in such settings may be minimized by the fact that most graduates have been very interested in individual intervention since before entering the program, and this interest can at least be partially fulfilled through the considerable amount of direct-service work they do on their jobs. Indeed, many graduates perceive gaps in their individual intervention skills which they wish the master's program could have filled.

Beyond informing us about graduates' experiences in the "real world" of human services, these findings suggest a need to re-examine some commonly held assumptions concerning the competencies and theoretical orientations which define community psychology. Though the field is historically rooted in intervention at the individual level, a de-emphasis or outright rejection of this level of intervention on both practical and theoretical-ideological grounds has characterized a number of influential attempts to delineate the domain of community psychology (e.g.,

Goodstein & Sandler, 1978; Heller & Monahan, 1977; Rappaport, 1977).

It is nevertheless true that consultation, which community psychologists regard as one of their most important competencies (Andrulis et al., 1978; Barton et al., 1976), relies very heavily upon skills in working with individuals to achieve organizational- and systems-level change. With the notable exception of mental health consultation, however, little recognition has been given to the importance of the individual intervention skills associated with successful consultation. This may be partially due to the fact that many, if not most, community psychologists have already acquired these skills in their previous professional incarnations as clinical psychologists, and thus take them for granted. Not having had this opportunity, our master's-level graduates continue to be interested in working with individuals and to desire appropriate training to do so. Certainly, the settings in which they work exert a strong pressure in this direction.

This analysis suggests that training in individual intervention may be more compatible with a strong indirect-service, systems-change orientation than has been previously believed. Indeed, Adler (1977) has made a similar point in arguing for the elimination of the dichotomy between direct and indirect service in community mental health practice. To be sure, there are practical problems associated

with trying to do justice to both individual- and systems-level intervention skills within the constraints imposed by the relatively short period of time which students typically spend in a master's program. Without closer examination of the curricula, training orientations, and outcomes of the various clinical-community master's programs which currently exist (Ballard, 1975), it is not possible to judge whether these programs have successfully addressed such problems. Our impression, however, is that most of these programs tend to be dominated by fairly traditional clinical training. To the extent that this impression is correct, we do not believe that the challenge of developing a truly integrated community psychology has been met.

Finally, it is important to understand why nearly a quarter (23%) of the respondents were employed outside of the human services at the time of the survey. To the extent that this reflects the unsuccessful competition of these graduates with those in other master's-level areas (e.g., social work, clinical psychology), there may be cause for programmatic and even disciplinary concern. Further research on this issue is needed.

References

- Adler, P. T. (1977). The community mental health center in the community: Another look. Journal of Community Psychology, 5, 116-123.
- Andrulis, D. P., Barton, A. K., & Aponte, J. F. (1978). Perspectives on the training experiences and training needs of community psychologists. American Journal of Community Psychology, 6, 265-270.
- Bachman, S., Smith, T., & Jason, L. A. (1981). Characteristics of community psychologists in 1974 and 1978. American Journal of Community Psychology, 9, 283-291.
- Ballard, J. M., Jr. (1975). A competency-based curriculum for training middle-level community-clinical psychologists. American Journal of Community Psychology, 3, 385-389.
- Barton, A. K., Andrulis, D. P., Grove, W. P., & Aponte, J. F. (1976). A look at community psychology training programs in the seventies. American Journal of Community Psychology, 4, 1-11.
- Bennett, C. C., Anderson, L. S., Cooper, S., Hassol, L., Klein, D., & Rosenblum, G. (1966). Community psychology: A report of the Boston Conference on the education of psychologists for community mental health. Boston: Boston University and South Shore Mental Health Center.

- Erdwins, C. J., & Buffardi, L. C. (1983). Employment of recent
MAs in psychology: A middle rung on the career ladder.
Professional Psychology: Research and Practice, 14, 112-117.
- Goodstein, L. D., & Sandler, I. (1978). Using psychology to
promote human welfare: A conceptual analysis of the role
of community psychology. American Psychologist, 33, 882-892.
- Heller, K., & Monahan, J. (1977). Psychology and community change.
Homewood, IL: Dorsey.
- Heller, K., Price, R. H., Reinhartz, S., Riger, S., & Wandersman, A.
(1984). Psychology and community change (2nd ed.) Homewood, IL:
Dorsey.
- Iscoe, I. (1977). Introduction. In I. Iscoe, B. L. Bloom, & C. D.
Spielberger (Eds.), Community psychology in transition. (pp. 68-70).
Washington, D.C.: Hemisphere.
- Iscoe, I., Bloom, B. L., & Spielberger, C. D. (Eds.). (1977).
Community psychology in transition. Washington, D.C.: Hemisphere.
- Lorion, R. P., & Stenmark, D. E. (Eds.). (in press). Training in
community psychology: Present status and future directions
[Special issue]. American Journal of Community Psychology.
- Meyer, M. L., & Gerrard, M. (1977). Graduate training in community
psychology. American Journal of Community Psychology, 5, 155-164.
- Moitoza, E., & Hersch, C. (1981). Community psychology past, present,
and future: The 1965 Boston Conference Participants Revisited.
American Journal of Community Psychology, 9, 225-232.

- M.S. program in community psychology. (1982). Division of Community Psychology Newsletter, 15(4), 23.
- Myers, E. R. (1977). The community psychology concept: Integrating theory, education and practice in psychology, social work and public administration. Washington, D.C.: University Press of America.
- Newbrough, J. R. (1978). Master's level training in community psychology: four examples. Journal of Community Psychology, 6, 313-315.
- Newbrough, J. R. (1984). 1984 - Prospects for the field of community psychology. Journal of Community Psychology, 12, 91-98.
- Paelet, D. (1978). The MA postgraduate marketplace in community psychology: A case study. Journal of Community Psychology, 6, 175-178.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. American Journal of Community Psychology, 9, 1-25.
- Rivera-Medina, E., Cintrón, C., & Bauermeister, J. J. (1978). Developing a community psychology training program in Puerto Rico. Journal of Community Psychology, 6, 316-319.
- Silverman, W. H. (1978). Fundamental role characteristics of the community psychologist. Journal of Community Psychology, 6, 207-215.

- Skotko, V. P. (1980). Professional activities and the perceptions of needs and opportunities for community psychologists. American Journal of Community Psychology, 8, 709-714.
- Stenmark, D. E. (1981, August). The beginning of the end or the end of the beginning? Paper presented at the annual meeting of the American Psychological Association, Los Angeles.
- Walfish, S., Polifka, J. A., & Stenmark, D. E. (in press). An evaluation of skill acquisition in community psychology training. American Journal of Community Psychology.

Author Notes

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Requests for reprints should be sent to Dr. Robert J. Hoffnung, Department of Psychology, University of New Haven, West Haven, CT 06516.

Footnote

¹The retrospective nature of the data (i.e., respondents were asked to recall how interested they were in various areas at previous points in time) suggests that we exercise considerable caution in interpreting these findings.

Table 1

Actual and Desired Percentages of Time Devoted to Various Work Activities

Activity	Time Dimension	
	Actual %	Desired %
Direct Service Provision	35	32
Administration	[27]	[21]
Planning and Program Development	13	16
Community Organizing and Education	[9]	[13]
Research	[5]	[7]
Organizational Consultation	[4]	[8]
Other	7	3

Notes. $n = 41$ or 42

Values represent mean percentages of time.

Row means within brackets differ significantly at $p < .01$

(except "Administration," $p < .05$).

Table 2

Perceived Emphases of Work and Training Settings

Emphasis	Setting	
	Work	M. A. program
Traditional clinical practice	[3.12	2.20]
Individual intervention	[3.88	2.63]
Group intervention	3.39	3.29
Organizational intervention	[2.80	3.82]
Community intervention	[2.84	4.22]
Community mental health	[3.25	4.19]
Research	[2.52	2.88]
Theoretical approaches	[2.58	3.38]

Notes. $n = 50-52$

Values represent mean perceived emphases (1 = not at all emphasized, 5 = very much emphasized).

Row means within brackets differ significantly at $p < .01$ (except "Research," $p < .05$).

Table 3

Mean Ratings of Interests at Three Points in Time

Interest	Time		
	Pre-program	Graduation	Currently
Traditional clinical practice	4.00 _{a,1}	3.76 _{a,b,1,2}	3.55 _{b,2,3}
Individual intervention	4.18 _{a,1}	3.96 _{a,1}	4.07 _{a,1}
Group intervention	3.38 _{a,2}	3.95 _{b,1}	3.86 _{b,1,2}
Organizational intervention	2.33 _{a,4}	3.43 _{b,2,3}	3.56 _{b,2,3}
Community intervention	2.64 _{a,3}	3.96 _{b,1}	3.80 _{b,1,2}
Community mental health	3.11 _{a,2}	4.06 _{b,1}	3.82 _{b,1,2}
Research	2.35 _{a,3,4}	3.04 _{b,3}	3.51 _{c,2,3}
Theoretical approaches	3.38 _{a,2}	3.56 _{a,2}	3.45 _{a,3}

Notes. $\underline{n} = 54$

Ratings range from 1 (not at all interested) to 5 (very interested).

Row means with different alphabetical subscripts differ significantly at $p < .01$ (except "traditional clinical practice," $p < .05$).

Column means with different numerical subscripts differ significantly at $p < .05$.